

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) 81862P260
---	---

In re Application of Jayakumar Jayakumar, et al.	
Application Number 09/992,266	Filed 11/5/2001
For A System and Method for AAL5 Enhanced Encapsulation	
Group Art Unit 2616	Examiner Wong, Warner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Request for Continued Examination (RCE) in the above identified application.

The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1))	\$120	\$60	\$120.00
<input type="checkbox"/> Two Months (37 CFR 1.17(a)(2))	\$450	\$225	
<input type="checkbox"/> Three Months (37 CFR 1.17(a)(3))	\$1020	\$510	
<input type="checkbox"/> Four Months (37 CFR 1.17(a)(4))	\$1590	\$795	
<input type="checkbox"/> Five Months (37 CFR 1.17(a)(5))	\$2160	\$1080	

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 02-2666. I have enclosed a duplicate copy of the Fee Transmittal.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)


☒ attorney or agent of record. Registration Number 31,460.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 31,460.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

October 6, 2006
Date


Signature

(408) 720-8300

Lester J. Vincent

Telephone Number

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.